Oral Hygiene

SEPTEMBER 1960

50 YEARS OF DENTAL PUBLISHING

A balcony scene in the French Quarter. The meeting of the New Orleans Dental Association will be held 13 November through 16, 1960.

In this issue:

EXCLUSIVE: FOR GENERAL PRACTITIONERS ONLY

A 1959 PREDICTION

Via and Beyer reporting in the May, 1959 issue of THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION wrote . . .

"Carbocaine must be considered an experimental drug at this time. After more clinical investigation has been completed, it may take a prominent place among the anesthetic drugs used by the dental profession."

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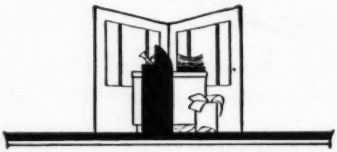
The Publisher's CORNER

By Mass



No. 470

OLD-FASHIONED LICENSURE LAWS

THE ABOVE TITLE was the theme of Editor Edward J. Ryan's editorial in the July issue of ORAL HYGIENE. You may remember having read it; perhaps you may even have written Editor Ryan expressing your views. Many readers did write, and took the occasion to express their agreement that the licensure laws have long been in need of change.

To quote briefly from his timely message: "There is incongruity in our antiquated state licensing laws. In a jet age these laws are outdated. We can fly from one coast to another in a few hours—but the dental licensing regulations are much the same as they were in the horse and buggy days."

Speaking of the horse and buggy days, while perusing the April 1903 issue of *The Dental Brief* (a publication issued at the time by The L. D. Caulk Co.), my attention was called to an article by Dr. Will S. Kelly of Wilkes-Barre, Pa., whose subject was "The Injustice of Some State Dental Laws." And we quote in part:

"Now, I claim that a board of examiners should rank just as high in one state as in another, and that we should have an interstate law which would permit any dentist, who has fulfilled all requirements of his state at the commencement of his practical life and who has continuously followed his profession, to practise

(*Continued on page* 6)

in any state or territory of this country. I feel that it is unjust to any American to say that he can practise in one state and not another. It is beyond all reason and casts a slur not only upon our schools of training, but upon our boards of examiners. The state boards are for the purpose of letting into professional work only good material, that the public at large may get the best services possible.

"If a man is competent to practise in Pennsylvania, he is competent to practise in California or South Dakota. The great object is lost when you tie a man up to one locality, and say, 'You are good enough for that place, but not good enough for any other.' You have striven for, and obtained a professional education, but it amounts to little, for some selfish law-makers have placed you in a position where you must stay and end your days. How much justice is there in this? It is a miscarriage of that which should be for the benefit of the world. It makes us small fry, with no independence and no standing.

"I trust that this subject will be agitated and brought before the profession at large, with a view to giving us more liberty and justice, and in this I think that I voice the sentiment of nearly all broad-minded men."

Just as Editor Ryan has advocated "full reciprocity among all the 50 states" at various times in the past, and as recent as 60 days ago, it is of special interest to note that a Dr. Will S. Kelly did so with respect to the states and territories which comprised the U.S. back in 1903. (Did anyone among our readers know Doctor Kelly?)

Some day victory over this problem may be achieved. Many readers will recall the battle on Social Security which was won after a long difficult struggle.—*R.C.K.*

Oral Hygiene

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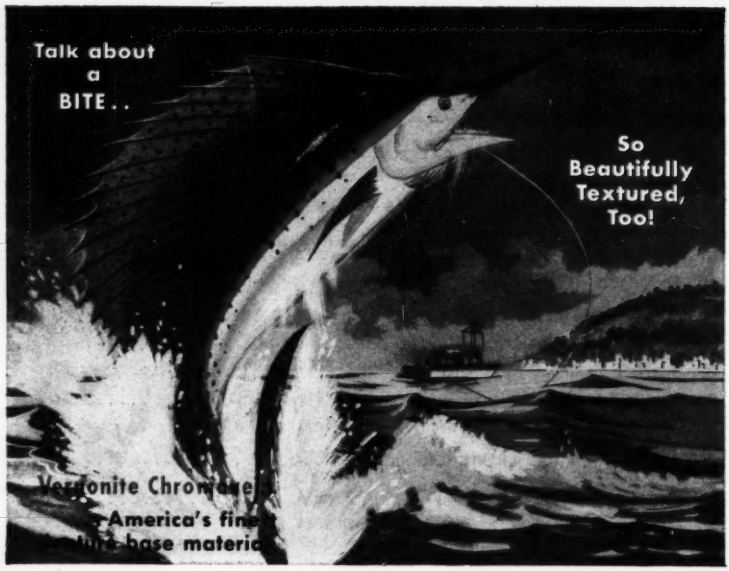

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A GROWING CMP INDUSTRY

Picture of the Month

ASSISTING in proclamation of the 12th National Children's Dental Health Week is 3-year-old Michael Gorman of Huntington, New York. With him are (left to right): Doctor David E. Overton, Suffolk health commissioner; Doctor William Hoffnung, chairman of the Suffolk County Dental Society's Council on Dental Health; and Doctor Manuel L. Adler, dental society president.—*Photograph by Newsday, Long Island, New York.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, *708 Church Street, Evanston, Illinois.*

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Prepaid Dental Plans Under Union Auspices

A Second Look Four Years Later

By HARRY CIMRING, DDS

Two dentists serving with prepaid dental plans give their views on the present status and future possibilities of these programs.

IN A PREVIOUS article[1] we inspected two prepaid dental plans: the International Longshore Workers Union-Pacific Maritime Association Welfare Fund and the Los Angeles Hotel-Restaurant Employer-Union Welfare Fund. These two plans are currently in operation as are some newer plans, while still others are being set up.

A set of questions was submitted to Doctor Donald G. MacQueen, head of the Hotel-Restaurant Plan in Los Angeles and Doctor Max H. Schoen, one of four partners in the ILWU-PMA Service Plan in Wilmington (the harbor suburb of Los Angeles).

The questions were these:

During the past four years has your plan improved (in general), held its own, or lost ground (in the context of its original aims)?

Have the aims changed?

What specific areas have improved the most; which the least?

Have utilization figures changed?

Has the attitude of recipients of the plan changed (a) toward the plan and (b) toward dentistry generally?

Has the attitude of the dentists within the plan changed?

From what you can see, what is the future of (a) your plan and (b) similar plans generally?

Doctor MacQueen answered the query in this manner:

[1]Cimring, Harry: Prepaid Dental Plans Under Union Auspices, ORAL HYGIENE **46**: 471 (April) 1956.

Utilization has been steadily increasing. The aims have been directed to an ever improving quality of care; such as a great increase in the amount of endodontics done and a higher ratio of fixed to removable prosthesis. There has been a great increase in graduate courses taken by the staff, and the prosthetic study group remains active. A board-certified periodontist has been engaged who spends eight hours a week instructing, supervising, demonstrating, and consulting on periodontal problems.

Progress in achieving the aims of the plan is only thwarted by the extreme pressure by the patients requesting dental care. On 15 June 1959, care was made available to all dependents, which necessitated remaining open evenings and Saturdays. The facility now books an average of 375 appointments per day with 15 dentists practicing days and 10 dentists evenings; three hygienists days, two evenings; three x-ray technicians days and three evenings. That, of course, does not include the main laboratory which is in service only five days per week and is staffed with 21 technicians and two women clerical workers. There are 22 women employees in the clinic, such as receptionists, appointments and file clerks, and 29 dental assistants. In total there are over 125 people engaged to operate the facility.

Doctor MacQueen believes that the plan's patients seem to show greater appreciation for what they receive than do most patients in private practice. A good job is being done in patient education.

As to dentists, some are most enthusiastic about their profession and the privilege of doing all they can for the patient with no restraint as to cost. Others, Doctor MacQueen feels, are just practicing for money. This is his observation about dentists in general. That added effort one expects from a professional is many times just not given.

Doctor MacQueen further feels that the closed-panel type of operation is the least expensive way of rendering the best dental care to the greatest number of people. In a closed panel clinic there is the advantage of consultation, cooperative effort, and supervision. The question is often asked whether the dentists object to supervision. Doctor MacQueen's reply is that no dentist should object to someone examining his efforts. How else can one grow and develop without constructive criticism?

Doctor MacQueen predicts there will be many types of dental care plans put into operation in the coming years, some of which will fill the needs of a specific group, but as to which will prove to be the best for the greatest number he does not venture a guess.

Doctor Schoen answered the query in this manner:

He feels that his plan (age 15 and under) has improved in the past four years. While it would be hard to deal in specifics, he feels it renders better service now, possibly because of a better understanding of a child's needs. The fact that a measure of stability has been achieved as to professional personnel has enabled general practitioners to learn from close association with orthodontists and pedodontists as well as from the interaction among themselves.

The original aim of building a partnership has been realized and for two years a four-man equal partnership has existed, and there is hope it will be expanded.

Improvement has also come through having most of the children on maintenance care. This means their mouths require less operative dentistry, therefore a greater proportion of time and cost is in preventive and diagnostic procedures.

One of the major accomplishments has been to prove that high quality dentistry can be performed on a group under conditions of pre-payment. This, of course, is true of the program as a whole—not just the closed panel part of it. Costs average out to about one cent per man-hour, which Doctor Schoen feels is little enough. (Approximately one cent out of the approximately eleven cents contributed to the welfare fund by the employer per man-hour worked goes for dentistry.)

Also, through maintaining a utilization rate of about 90 per cent for the entire period, the service plan has demonstrated that a group of people can be transformed into good regular dental patients in a short time. Evidently a prepaid program can cut through the socio-economic barriers to dental care.

Doctor Schoen is proud of his group setup, organizationally, although there are still major "front office" problems. These have been most resistant to solution: the finding of methods to give all the accounting and statistical information needed at a reasonable cost, at the same time maintaining a smooth patient-handling system.

One great difficulty is that the facility is part prepaid and part private practice. Each one requires a different organizational setup and so results in a hybrid. However, the private practice is necessary because the prepaid area is not sufficient to support a group practice large enough to provide relatively comprehensive service. As it is, the group could be a little larger.

Dental Programs Increasing

While Doctor Schoen is disappointed that there is not more prepayment, the idea has grown in the past four years. Along with

the ILWU-PMA and the hotel-restaurant programs, the retail clerks are starting a program, as well as outlying hotel-restaurant groups, and at least one small sheet metal group. Other unions are seriously considering dental programs. This represents a great advance in only four and a half years, although when one is directly involved, time seems to move slowly.

The families have obviously come to consider dentistry as important. Fifty-five per cent of the children had never been to a dentist before. Now they are receiving complete dental care; and those who need it can obtain orthodontic care, even though it is at the family's expense since it is not covered by the plan. Also, the parents in large numbers are having dentistry done other than extractions and dentures (that is, restorative dentistry) even though it involves expense.

Doctor Schoen feels he cannot predict the future, although he would like to see growth in the direction of more prepayment rather than private practice, and would like to include orthodontics as exclusions always cause problems.

Prepayment plans will continue to grow, and at least in this area seem to be primarily directed toward group-practice centers. While the group practices are not the only workable methods of doing this, at least in urban centers where population is quite concentrated they obviously are an efficient way of providing high quality care at a reasonable cost.

It should be pointed out that the service plan of the ILWU-PMA program encompasses about two-thirds of the eligible patients in the Los Angeles area. Another one-third are included in an insurance company plan (so-called open panel).

Pending Plans

In addition to the two plans discussed in this article are these following smaller or pending plans:

In the outlying or peripheral areas adjacent to the central Los Angeles Hotel-Restaurant Employer-Union jurisdiction are three dental plans. Since 1 June 1959, members of the Culinary Workers and Bartenders Union (Local Number 814) are receiving dental care in the Santa Monica and Hawthorne areas through its welfare fund. Under a bargaining agreement, employers contribute three dollars per month per eligible employee for dental services. This latter is described as that "necessary for functional restoration of the mouth." This excludes orthodontics and cosmetic dentistry. Surcharges paid by union members are fifteen dollars for "partial dentures, fixed or removable," and thirty dollars for "com-

plete upper and lower dentures."

A similar plan for a corresponding union is in operation in the San Fernando Valley area. (Details of this plan and the one above from the dentists's point of view were not obtainable from the contract dentists involved.) A third culinary union in the El Monte area has won dental services in union bargaining and is currently considering possible contract dentists.

A dentist and two associates lease a dental suite in the medical building of the Butchers Union (Local Number 563) in Huntington Park. The dentists conduct what they describe as "a private fee-for-service practice which has no connection with any consumer group." It is known that the union has won dental services through union bargaining and it is understood that both the dentist in question and the welfare fund have been considering various dental plans. Any facts more explicit or edifying were not obtainable.

The Sheet Metal Workers (Local Number 170) and the American Metal Products Company negotiated as of 1 July 1959, that "contributions by the employer into a new dental plan shall be four cents per hour, provided no part of this contribution shall be spent until a workable plan is mutually agreed upon during the year." A welfare committee has been investigating and negotiating for a contract dentist to implement this agreement.

A $500,000 dental clinic for 16,000 members of Local Number 770 of the AFL-CIO Retail Clerks (and ultimately for thousands of their dependents) was completed last summer. It is staffed by 25 dentists, 25 dental assistants, 4 hygienists, and 20 laboratory technicians, and was opened 1 June.

This dental plan calls for a 30 per cent charge to union members to "keep it on an economic basis and prevent abuses." The major portion of the plan is financed by a 3-cent hourly contribution by the employers.

Another 35,000 retail clerks in outlying areas will receive dental care when facilities have been set up, funds having been negotiated under the same bargaining contract as that of Local Number 770. One such is Local Number 324 in the Long Beach and Buena Park area.

It is estimated that about 100,000 persons will have dental coverage in the greater Los Angeles area when all the programs mentioned here are in full operation.

240 *South La Cienega Blvd.*
East Beverly Hills, California

Deductibility of Meeting and Convention Expenses

By JOSEPH ARKIN, CPA

An explanation of tax deduction possibilities for attending meetings and conventions, with specific references to related court decisions.

SECTION 162 (a) of the Internal Revenue Code of 1954 provides for the deduction of all ordinary and necessary expenses paid or incurred during the taxable year in carrying on any trade or business.

This same section also provides for the deduction of traveling expenses (including the entire amount expended for meals and lodging) while away from home in the pursuit of a trade or business.

A dentist who joins a local, state, or national dental society can deduct the monetary costs of attending meetings of such groups, in addition to the expense of dues and assessments.

In the case of H. B. McNary, a consulting engineer, he was denied the right to deduct for the cost of attending professional meetings (11 Tax Court Memo, 692, Commerce Clearing House December 19084). Despite this adverse ruling there seems to have been a liberalization on the part of the Internal Revenue Service in connection with the deduction for such type expenses and it is my opinion that because the cost of attending a convention was a proper business expense, it would follow that attending a meeting of a local group would be in the same category.

The costs of attending conventions or conferences are likewise deductible, the costs including food and lodging while away from home, incidental travel expenses, and the actual cost of travel to the convention site.

Mere membership in a professional organization, however, does not entitle a taxpayer to deduct expenses of attending a convention of the organization unless his attendance is in connection with his trade or business.

The expenses in connection with a taxpayer's wife accompanying him on a convention trip are deemed to be personal in nature and not deductible. One exception to this rule is where it can be shown that the services of a secretary are essential, and the wife actually fulfills the duties of a secretary and her presence is not strictly for personal reasons. Another exception is where it can be shown that the presence of the wife is absolutely necessary for a bona-fide business reason. Burden of proof would rest upon the taxpayer.

That portion of the expenses of sightseeing and visiting friends and relatives in the convention city or area are considered to be personal expenses and hence not deductible.

Where a dental society appoints a delegate to attend a regional, national, or international conference or convention, the taxpayer does not, merely because of that status, become entitled to deduct as business expenses the expenses incurred in connection with his attendance at such a convention. In order to be deductible by him, the expenses must be incurred in carrying on the taxpayer's own trade or business activities as distinguished from those of another.

The delegate's allowance of deductions for convention expenses as business expenses will depend upon whether the relationship between the taxpayer's trade or business and his attendance at the convention is such that by his attendance he is benefiting or advancing the interests of his trade or business.

One method of determining whether such a relationship exists is for the dentist to compare duties and responsibilities of his own position with the purpose of the meeting as shown by the agenda.

The aforementioned discussion of a delegate's deduction of convention expenses is covered in detail in Revenue Ruling 59-316, Internal Revenue Bulletin 39, page 7, 1959.

In a case in which a dentist is an employee of a hospital, clinic, or of a dentist, he too can deduct certain expenses in connection with attending conventions.

If an employee's expenses meet the test of section 162 (a) of the Code, as ordinary and necessary expense incurred in connection

with the performance of his services as an employee and consist of traveling expenses, transportation expenses, or expenses for which he is reimbursed by his employer, such expenses are deductible under section 62 (2) of the Code in computing adjusted gross income. (Revenue Ruling 60-16 Internal Revenue Bulletin 3, page 10, 1960.)

Thus, the taxpayer can deduct the expenses incurred, and still be eligible to use the tax table or the standard deduction.

Where the expenses are not reimbursed by the employer, an employee is permitted to deduct the cost of attending conventions if directly connected with his employment. In this case the expenses are deductible on page 2 of form 1040 under the heading "Miscellaneous."

THE COVER

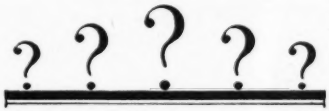
THIS MONTH'S cover photograph of the balcony scene in New Orleans' French Quarter is typical of the Old World scenery guests may enjoy when they attend the Thirteenth Annual Conference of the New Orleans Dental Association. This picture was taken from the balcony of one of the two Pontalba Buildings. They face one another across Jackson Square, and were built in 1849 by James Gallier, Sr, for the Baroness Pontalba who had become interested in beautifying the Place d'Armes, today known as Jackson Square. They are now state and city owned, and are among the most popular living quarters of the Vieux Carre. These were the first apartment houses in the United States.

The meeting will be held 13 November through 16, at the Roosevelt Hotel, New Orleans, and all dentists of North and South America are invited. For reservations and information please write to Doctor A. W. Nolan, 1112 Maison Blanche Building, New Orleans 16, Louisiana.—*Photograph by Bernadas-Weiss, New Orleans.*

HEALTH CARE IN THE CAMPAIGN

THE PROBLEM of "eldercare" will become a major campaign issue this fall, with both parties committed to enactment of legislation to ease the burden of medical costs among the aged. Political expediency may result in the enactment of a Forand-type bill, which will be the third and most effective maneuver of the socializers toward federal control of medical practice. The prediction is that if Forand-type legislation is enacted, complete socialization of medicine is just around the corner.—*The New England Journal of Medicine*

So You Know Something About DENTISTRY!



By ROLLAND C. BILLETER, DDS

Quiz 192

1. True or false? An inadequate amount of saliva may contribute to tissue soreness and a dry, glossy mucosa which is most annoying to a denture wearer. .....

2. Which of the following escharotic agents are recommended for continued application? (a) silver nitrate, (b) phenol, (3) chromic acid, (4) trichloroacetic acid. .....

3. In the full cast crown does varying the temperature of the casting alloy have any effect on "back pressure" porosity? .....

4. About (a) 50, (b) 70, (c) 95, per cent of all lip cancer occurs on the lower lip. .....

5. Why do some patients experience pain while eating immediately following equilibration? .....

6. Right-handed people (a) usually, (b) do not, manifest more alveolar loss on the right side. .....

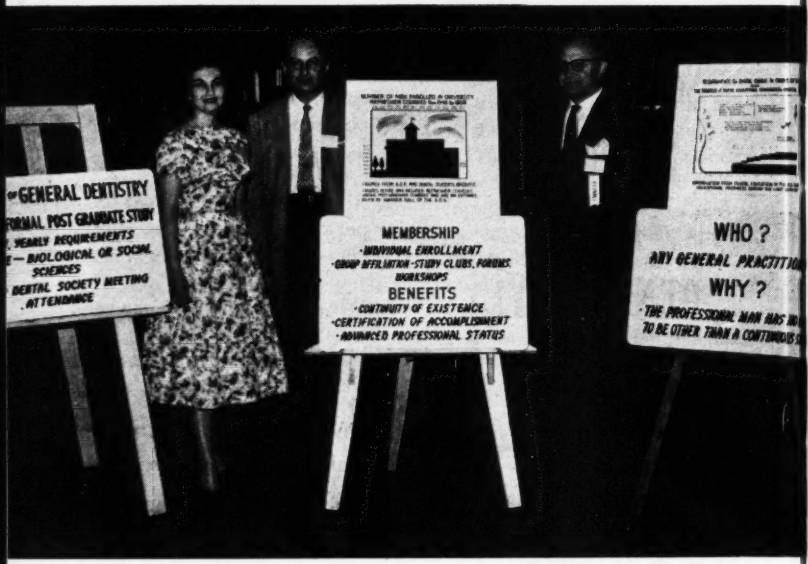
7. True or false? The presence of large nutrient canals may indicate the body's attempt to compensate for poor nutrition in the region. .....

8. Should a needle that has been bent ever be used again? .....

9. In percussion, a dull sound indicates (a) normal function, (b) hyperfunction. .....

10. How do liners containing calcium hydroxide protect the pulp from the injurious effect of the cements? .....

FOR CORRECT ANSWERS SEE PAGES 87-88



Scientific exhibit of the Academy of General Dentistry at the 80th Convention of the Texas Dental Association, at the Will Rogers Auditorium, Fort Worth. From left to right: Mrs. Patricia Rudy, dental assistant; George A. Holmes, DDS, PhD, Director of postgraduate education, National Office, Academy of General Dentistry; and Jack T. Clark, DDS, President, Texas Academy of General Dentistry. Doctor Holmes was the principal speaker at an all-day workshop of the Texas Academy.

EXCLUSIVE:

For General Practitioners Only

THE ACADEMY of General Dentistry was founded in 1952 by a group of dentists who felt that too many of their colleagues, upon graduating from dental schools, became absorbed in daily practice and divorced themselves from further educational effort. This lack of feeling for further study could be amply demonstrated by poor attendance at postgraduate courses, refresher courses, and dental society meetings. Apparently some

Plan for postgraduate study developed in Chicago alerts dentists to scientific progress.

stimulus and guidance were needed to counteract the haphazard and desultory manner in which most dentists tried to assimilate the information on new scientific techniques and products which have developed with such rapidity in recent years.

Scientific dental society meetings, study clubs, and dental journals, are all a means toward developing better dentistry. However, dental society meetings were attended by perhaps 20 per cent of the membership, and postgraduate or refresher courses by 6 per cent. The amount of reading of the literature could only be estimated (but it would not be unreasonable to assume that this fared no better than the other available media of education.)

Study clubs were following the right path, but they too had their limitations. Many of these groups were interested in only one subject, while others were loosely held together and were dependent upon one or two men for their unity and continuity. These groups frequently broke up because of illness, or lack of interest. Still others were exclusive and closed to a large general membership.

In contrast to this dismal picture, the specialties such as orthodontics and oral surgery were organized on a national scale and loosely on an international basis. They were able to set their own standards, their requirements, and to make the policies for their specialties.

After considering these facts, it was decided by the Academy's founding group, that the general practitioner should have an organization dedicated to his educational improvement and to better dentistry. This necessitated a new educational goal which would be higher than the minimal requirements set by law. Further, the Academy was not to be an exclusive organization; instead it was to be open to all general practitioners who would go to school about two and one-half days every year and would attend at least one-half of their local dental society meetings. The requirements were set up on a three-year basis, and membership could only be renewed if the requirements had been met. Fifty hours of school postgraduate work was decided on for the three-year membership plus 100 hours of attendance at dental society meetings, study clubs, and discussion groups.

Extension Courses

College extension programs were approved for those geographic areas which were far removed from a dental college, with the professor going to the group.

Associate memberships were set up for those dentists who had done no postgraduate work in the previous three years, and these were good for one year. The minimal requirement of two and one-half days had to be met in the next one-year period, to obtain full membership. On the other hand, some of the Academy members were attending school far above the minimal requirements and so the Academy decided that fellowships would be awarded to them on a three-year basis, starting in 1962. The candidate would have to have 500 hours, or one semester of postgraduate work to his credit. To retain the fellowship, two weeks of postgraduate work would be necessary each year thereafter. The details of this membership have not been fully worked out.

Accomplishments

At the time of the Academy's founding there were a number of dental schools which offered no postgraduate or refresher courses. Today all but one or two of the schools are offering such courses, and on a larger scale.

The Academy has piloted a number of new courses, including the first "Interceptive Orthodontia Course," which is now offered at many schools. "Occlusal Equilibration," as a cooperative program between the three Chicago dental schools, and many other courses, were also sponsored by the Academy. On a group basis the schools have been willing to present the subject desired by the members, on the day, and at the time, most convenient for the dentist. When the Academy sponsors the course and does all of the clerical and promotional work, the schools in the past have frequently asked a lower tuition rate. Many of the Academy's school sessions in Chicago have had 55 to 60 in attendance, and one four-day course had 85 students. Group attendance with friends and colleagues is popular and stimulating.

Panel of Clinicians

The Academy now has a roster of 250 names, addresses, and pertinent information on teachers in dental colleges who are willing to travel to various Academy chapters, on a per diem basis, to give clinics or lectures, from one day to one week. This type of postgraduate study will be accredited by the Academy as an extension course for the 50 hours of postgraduate work minimally required every three years. The Academy cannot be a booking agency, but will send a list of names to local Academy groups and negotiations then can be made directly between instructor and the group. All dental subjects are included in this listing. In the past eight years since the Academy's founding, postgraduate attendance nationwide has more than tripled; and

the officers feel that their efforts have been somewhat responsible for this increase.

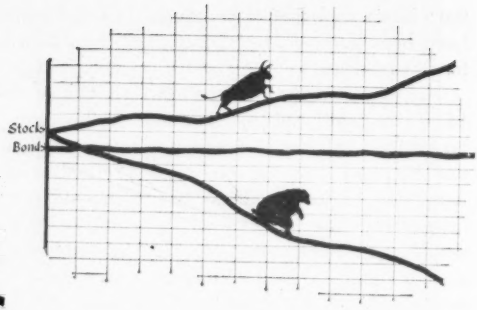
The regular news items accepted and frequently solicited by dental editors, and the publicity for meetings and awards given by the Academy to outstanding men, demonstrate the approval of the dental periodicals. Two of the most prominent dental editors are members of the Academy and the roster also includes many dental deans, as well as other well-known leaders of United States dentistry.

Dentistry with its new techniques and inventions is progressing too rapidly for the general practitioner to try to acquire this fresh, added knowledge on a haphazard basis, and so a society dedicated to working out suitable and acceptable methods for the assimilation of this recent information and perhaps even an evaluation of new methods and materials, is now formed and functioning. Ethical general practitioners individually and study groups interested in upgrading the level of general practice are invited to participate and become members of The Academy of General Dentistry, an integral and permanent part of dentistry, dedicated to continuous education. For information, address: T. V. Weclew, DDS, 2739 West North Avenue, or A. L. Knab, Secretary, 6500 South Stony Island Avenue, Chicago, Illinois.

"DENTISTS SHOW THE WAY" IN OREGON

"PORTLAND dentists have set an example for the community by offering their services on a volunteer basis to keep school dental clinics in operation. And the Portland School Board has gone a part of the way to meet the profession by voting to permit free use of the clinics. But a continuation of the school dental program (begun 50 years ago) is not assured for the lack of about $44,000, the estimated cost of maintaining a staff of dental counsellors and administrative services in support of the professional volunteers. . . . Unless some . . . interim arrangement develops, the Portland school dental program will expire, its equipment will be junk, and its good work a thing of the past. The community effort required to revive it would be many times as great as that necessary to continue it at this juncture."—*Editorial, Portland (Oregon) Oregonian.*

BULL OR BEAR MARKET IN STOCKS



By DAVID L. MARKSTEIN

DENTIST-INVESTORS have a need for extreme caution now, and must take into consideration in investment decision the probability of a bear market, and the *possibility* of a recession sometime later in 1960 or early next year.

It is well to define "bull" and "bear." In a bull market the *overall primary trend* is upward, although it may move in zigzags. In a bear market the *primary trend* is downward, with certain zigs up and bigger zags down.

So a "bull" believes that the market is going up and acts accordingly. A "bear" believes the market is going down and acts on that belief. For ten years I have been a bull. But today I am a bear.

This sounds rather strange, because only a few months ago we were beseiged with projections of the "Soaring Sixties." These projections led to a belief among many people that all they had to do to get rich was buy stocks.

Over the *very long* term this may be true. If applied to an entire decade the "Soaring Sixties" talk might have validity. But I am not one who believes it is possible for me (or for these optimists) to look ahead ten years.

And so I prefer to look, not at the short term, but at the intermediate long term, at the economy, and at the market a year and two years from now. If a dentist does not live prudently in these two years which are immediately ahead, he may have no capital to invest by 1970.

Investment study is divided into two types: "fundamental" and "technical." When the conclusions reached by both agree, the probability is that these conclusions are correct.

Examine your investment portfolio and make plans to conserve your capital—technical and fundamental analyses of the market indicate we may have a recession.

Fundamental studies of the market look at what is likely to happen to the economy. In studying a *stock,* fundamental study looks at the economic environment in which a company operates and at the company's management, and attempts to project from that what is likely to happen to the company. It assumes if the company does well the stock will do well.

Technical analysis aims at measuring the internal structure of the market. It looks at statistics of sales, purchases, and ratios. It looks at chart formations. These help to give an idea of the psychology of people in buying and in selling stocks. They measure buying pressure as against selling pressure.

Some investment analysts have an entirely fundamental outlook; others an entirely technical outlook. I believe that *both* fundamental and technical studies are important.

Fundamental Analysis

Let us look at fundamentals. Here is some of the news which has been appearing in financial publications since the first of the year:

1. Steel production is trending downward. Post-strike production was better and quicker than expected. Users of steel are not building up the extremely high inventories they had before the strike, so backlogs were chopped down to normal much earlier than expected.

2. There were about 1,000,000 automobiles stockpiled in dealers' showrooms as of mid-summer—double the normal inventory.

3. In appliances and other hard goods fields, sales have turned sticky. It is necessary to make deals and cut prices.

4. Gasoline and heating oil prices were recently shaved. But despite this the inventories of both are dangerously high.

5. A few years ago one of the most glamorous industries was the making of chemicals from petroleum. Yet today in many petrochemical areas a saturation point has been reached.

6. Consumer savings are down.

7. Consumer debt is up.

8. Consumer debt delinquencies are increasing.

9. While the trend of sales in a great many industries remains upward, the trend of *profits* is either leveling off or trending downward.

These are some of the fundamental factors, which are certainly not bullish. The technical factors are even less so.

The most widely used technical yardstick is the Dow Theory. It assumes that there are three "waves" in the market. If you stand beside the sea you will notice that there is a strong overall trend of the water either inward or outward, depending upon the force of the tide. That is the *primary trend.* You will also notice that whether the tide is in or out, there are certain strong waves coming in from time to time. These are the *secondary movements.* Finally if you stand beside the sea you will notice little ripples washing up on your feet. These are the day to day *fluctuations* of the market.

The Dow Theory does not concern itself much with the ripples or the waves. Its aim is to determine the direction of the *tide,* with the idea that riding this tide is the surest path to success.

To determine tidal direction the Dow Theory uses two yardsticks: the Dow Jones Industrial Average representing the productive capacity of the United States; and the Dow Jones Rail Average representing the carriers who carry produced goods from factory to consumer. It says that when one average has made a high and from there slid off to a low which was *lower* than the low proceeding that high; then climbed to a new high *lower* than the original high; and slid off to another *lower low*—half a turn-in-the-market signal has been given and should be noticed.

But the Dow Theory does not depend on this action in one Average alone. It says the action in one average is meaningless, and that the same thing must happen in both to have any significance.

In March the Rail Average went through its old bottom—a thing already done by the Industrial Average—thereby signaling by Dow Theory the existence of a bear market.

I am not saying to run for the hills because the dam might break. But the dam is mighty shaky. Let us put no more pressure on it. In fact let us relieve the pressure on this dam by moving somewhat out of stocks. Consider the fact that this shaky dam *may* break—and be ready if necessary to run for the hills then. In my opinion we are probably going to have a bear market and are probably in it now.

And we are quite *possibly* going to have a recession soon. I am predicting no 1932 depression; nor am I predicting a 1929 bear market. I am predicting a recession along the 1957 lines, and I am predicting a bear market far worse than anything we have seen in the postwar years because the market is more vulnerable than it has ever been since the war.

Conserve Capital

I am suggesting to you that you do not attempt to fight the trend or to swim against this strong tide.

Let the tide carry you. The time has come to think in terms of conserving the capital you now have.

Keep in mind also that a bear market can come without any recession at all. A bear market can come merely from a dying of the overoptimism we have had in the market for several years. If the Sixties instead of soaring merely fly along at level flight, this market can plummet.

A prudent investor should have from 40 per cent to 50 per cent of his investment capital in Government bonds. Bonds offer certain advantages of their own at this time, the biggest of which is protection—conservation of what you have.

On top of that there are small but relatively certain capital gains which you can make in the bond market now. I do not believe that there is much if any downside risk in buying marketable Government bonds. I am suggesting Government bonds to you, because you can get Government bonds in relatively short maturities.

I suggest that in the stock component of your portfolio you stress extreme selectivity. Get out of stocks that are selling at astronomical price-earnings ratios. Look for companies which are in a strong growth trend and which have demonstrated a past ability to continue growing despite recessions. Look for companies not *over*-valued or even *fairly* valued—but *under*valued.

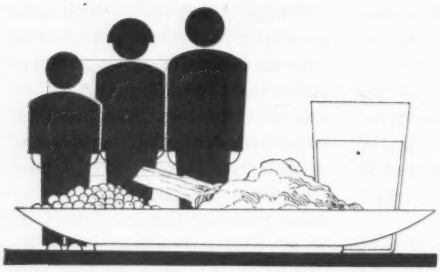
I suggest you be nimble—on the alert for additional danger signs both technical and fundamental. If these come you should be ready to increase the bond portion of your portfolio and decrease the stocks—ready if that dam breaks to run for the hills. That is the broad policy for a prudent investor today.

2232 *Wirth Place*
New Orleans, Louisiana

THE FORAND BILL

No one familiar with the facts can doubt the seriousness of the problems related to the health and medical care of older people. Nor is there any question of the rapidly growing public demand for action to improve the situation. There is strong likelihood that new or expanded government programs in this field will become realities in the near future. The question no longer is whether there will be action and new programs. The question now is what kind of programs they will be and what type of action will be taken. Rarely, if ever, in the development of health services in the United States has there been greater need than now exists for mobilizing the facts, for objective thinking, and for constructive leadership.—*The Proceedings of The Institute of Medicine of Chicago.*

CONSULTATION CLINIC:



By ARTHUR ELFENBAUM, BA, DDS*

THE MOST beautiful example of fixed or removable prosthetic technical skill cannot be evaluated fully while it rests stagnantly on articulated casts. Final judgment on its biologic value in rehabilitation, function, esthetics, and comfort, must be reserved until the restoration has been placed in the mouth. A mechanical prosthesis is never the criterion of a dentist's knowledge and skill on the day that it is delivered to the patient, just as an architect's ability cannot be gauged by a new house until it has been lived in and has become a home.

The environment in which a dental reconstruction is placed is as much a factor in the prognosis as the prosthesis itself. This is true whether the restoration is a tiny amalgam one, or a 14-tooth fixed bridge with splinted retainers for the abutment teeth.

To know the environment, it is essential for the dentist to follow a thorough diagnostic procedure. When the patient entered the office, walked from the reception room to the operatory and seated himself in the chair, the few elapsed seconds were enough to give the dentist some clues concerning the patient's ability to adjust to a complete mouth rehabilitation. The prognosis is probably poor if the patient is uncomfortably obese or severely emaciated, if his grooming is shabby, or if his face is paralyzed, boggy, or masklike. Trembling hands make it difficult for a patient to manage a removable partial denture.

*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago, and Courtesy Member of the Medical Staff at Michael Reese Hospital.

The Self-Cleansing Mouth

For patients who do not have a self-cleansing mouth, your restorations may not be successful. If you cannot determine the cause of the condition, suggest a medical consultation.

It is not to be implied that a dentist should accept only those patients for whom he can almost guarantee a successful treatment. It means that in all cases he must understand the mouth and the totality of the patient of whom it is a part, and if the prognosis is not favorable, there must be a clear patient-dentist understanding and rapport concerning the limit of the patient's tolerance.

Judge Patient's Maturity

During the interview a dentist should be able to judge whether the patient is mature enough to accept his share of the responsibility in caring for his mouth after the office treatments are completed. The patient's cultural, educational, social, and financial status, often decide the type of restoration to be planned. His food intake and eating habits are important in the prognosis of oral reconstruction. Nondetergent foods, which permit debris to cling to the teeth for hours, are as harmful to the dental structures as the excessive intake of highly refined and fermentable carbohydrates; and so far as periodontal damage is concerned, they are probably even more pathogenic.

The patient's medical history may often be significant. One with a history of poliomyelitis in childhood may have recovered completely as far as appearances indicate, but there may be subclinical vestiges of atrophic masticatory musculature, enough to prevent the mouth from being self-cleansing. The tongue may not be able to manipulate the bolus of food efficiently, and the cheeks and lips may fail to clear the vestibules of residual food. Plaques of comminuted food may adhere to the surfaces of pontics or the connectors of splinted retainers and defy the tongue to dislodge them.

Fibrous foods often leave remnants in places where the contact areas are open, abraded, or carious. As a result, recurrent caries frequently occur at the margins

of excellent restorations and attachments which only six months ago were beautiful examples of technical perfection. In all probabilty the patient will be inclined to blame the dentist for what happened.

The same fate may befall the prostheses, and the same accusation may be made against the dentist's skill when treatment is planned without diagnosis and prognosis for patients with a history of facial paralysis, Parkinson's disease, myxedema, myositis, myasthenia, or any other condition which affects the muscles of the jaws, or gives the patient a "run-down" feeling. When these diseases and discomforts are discussed in medical literature, a considerable amount of space is devoted to their effects on skeletal muscles, but little or no attention is paid to the masticatory musculature.

Mastication Muscles Impaired

Obese patients and people who eat in a hurry are also guilty of leaving particles of food in their mouths for hours after eating. Fibers of orange and meat are often found by dentists between the teeth of patients long after such foods are eaten. The so-called lazy mouth may really be one in which the patient's muscles of mastication are affected by a current of previous systemic disease, disturbance of the central nervous system, malocclusion, fracture, injury of the temporomandibular articulation, neuralgia, pulpitis, gingival and periodontal disease, glossitis, and other oral lesions.

Polyarthritic patients are subject to disturbances of the temporomandibular articulations with consequent poor oral hygiene, irrespective of the care given to the mouth by the patient or the dentist.

The healthy mouth in a healthy patient should be able to cleanse itself within fifteen minutes after a meal is completed regardless of its nutritional elements or physical character.

Those cases in which the flow of saliva becomes restricted require special attention. Xerostomia (dry mouth) is commonly found among undernourished postclimacteric patients and in mouths which have been irradiated. It is accompanied by poor oral irrigation, incomplete solution of the bolus, lessened lubrication of the tissues, and difficulty in swallowing, all of which encourage the accumulation of food. When the malnutrition causes a glossitis, the muscles of the tongue become atrophic and atonic and are unable to exert enough energy to cleanse the mouth.

All evidence of oral uncleanliness must be investigated as to etiology, diagnosis and prognosis. The dentist must be able to predict what is going to happen by

what has already happened. Areas in which food impacts must be investigated. It should be determined whether the packing is associated with an overbite; mouth breathing; carious lesions; plunger cusps; abrasions; spaces between teeth; teeth that are mobile, drifted, rotated, or supra-erupted; faulty restorations; sporadic discolorations and swellings of the gingivae; occasional periodontal pockets; single areas of pericoronitis; and scattered roentgenographic evidence of alveolar bone resorption—all this in addition to the factors previously mentioned.

After the completion of treatment, the mouth should be reexamined periodically. If it still fails to be self-cleansing, the dentist has not fulfilled his obligation. There are no alibis to explain why the edge of a restoration, attachment, or other appliance should annoy the tongue or mucosa and prevent the automatic cleansing of the mouth. If an existing or previous systemic illness prevents the oral muscles from functioning properly, it is the dentist's duty to suggest medical consultation. In many instances instruction by the dentist in exercises for the muscles may achieve remarkable results. Patients should be recalled at stated intervals to make sure that there is an improvement in the oral condition and that all restorations, prostheses, and appliances, are operating as biologic factors.

431 *Oakdale Avenue*
Chicago 14, *Illinois*

FLUORIDATION VOID

THE St. Louis county fluoridation ordinance was declared to be void on constitutional grounds by Circuit Judge Douglas L. C. Jones at Clayton, Missouri. In a 13-page, 4000-word opinion, Judge Jones held the ordinance to be in violation of the United States Constitution, the Missouri Constitution, and the county charter. He enjoined the County Council from carrying out its provisions.

In ruling that the ordinance violates a section of the county charter which states that citizens cannot be deprived of "Life, liberty and property without due process of law," he said:

"This court believes, and so holds, that the plaintiffs would be compelled to drink the water because there is no other practical source of supply, and by having paid for water they would actually be receiving treated water and would be compelled to take the treatment as it is their only source of drinking water."—*St. Louis (Missouri) Post-Dispatch.*

PRACTICE ADMINISTRATION Thought-Provokers

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

An Interesting Finding

A STRONG THREAT may be less effective than a mild threat in inducing the desired opinion change.

Specimen Study: Three 15-minute illustrated lectures were prepared on the topic of dental hygiene. Each of the lectures differed in its description of what might happen if the teeth and gingivae were not properly cared for.

The strongly threatening lecture included the possibility of cancer among the many consequences of poor oral hygiene habits. The mildly threatening lecture condemned to nothing worse than a few cavities people who neglected their mouths. The third form of the lecture was intermediate in its degree of threat.

Three groups of high school students were used as subjects, one group for each form of the lecture. A fourth group was used as a control. A week before and a week after the lecture, the students filled out a questionnaire designed to find out about their dental hygiene practices. Immediately after the lecture, the students filled out a questionnaire which asked them how worried they were about the condition of their teeth.

Findings: The more threatening the lecture, the more the worry that was expressed immediately after it about condition of the teeth. But when the students were asked a week later how well they were con-

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis, Missouri.

forming to the recommendations of the lecture, the group who had been subjected to the least amount of threat had conformed the most. Those who had heard the most threatening lecture conformed the least.

Discussion: The authors concluded that under conditions in which people will be exposed to competing communications dealing with the same issue, the use of a strong threat will tend to be less effective than a minimal threat in producing attitude changes. Two of their speculations on the reason for this outcome are:

1. The subjects in the most threatened group may have been made so worried that they failed to pay attention to the recommendations for caring for the teeth.

2. In an effort to relieve some of the anxiety aroused by the lecturer, the worried subjects may have discredited him as a reliable source of information.

The validity of the principle of course depends on the situation in which the appeal is to be used. If you are lecturing at a social club and your aim is to sign people up for some community task, a strong appeal may be needed to whip up emotional response intense enough to get immediate action.

If you are primarily interested in getting people to remember the threat and nothing else, then a strong threat appeal might be indicated. But for a persistent opinion change, the strongest threats you could use may be much stronger than you need for optimum persuasiveness.[1]

If You Cannot Be Concerned!

If you cannot be concerned with your patient relations and your public relations, you as a professional man have every right to take this position. However, for the welfare of your practice, hire a dental assistant who will and can take care of these activities for you.

Follow A Fine Line In Your Relationships

There are a number of fine lines to follow in what you say and how you act in your relationship with patients.

For example, there is a fine line between appearing creative and getting a good reaction, and in contrast appearing clever and getting an unpleasant reaction.

There is a fine line between being friendly and overly familiar. After you have known a patient for a while, what earlier would have been felt to be familiarity may now be thought of as friendliness.

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[1]From an excerpt in Sales Review **14**:5 (February) 1960, quoted from the book "Persuasion—How Opinions and Attitutdes are Changed," published by Springer Publishing Company.

Yes, you have to command respect as a professional man, but you have crossed another fine line when you become cocky and dominating.

Even in respect to your own appearance and that of your office there are some fine lines to follow. For example if you make your office too palatial for the patients you want for your practice, you may lose such patients by making them feel uncomfortable.

Market Adjustment

An internal market adjustment has been taking place. Investors and speculators have "exxed out" some of the inflation previously marked into the price tags of United States Steel, American Can, General Motors, Standard Oil (NJ) and other popular stocks. So long as world-wide inflation seemed imminent investors sought a hedge. However, as they were no longer worried about the purchasing power of the dollar, they became more willing to hold bonds.

Increased Social Security Benefits

The tendency toward increased social security benefits has been mentioned in this column before. It is interesting to note that since 1950 the social security program has been liberalized in each election year. It appears at this writing that the election year of 1960 will be no exception. By the end of January 1960, there were more than 400 bills which had been introduced to make changes in the social security law. Although many of these changes were identical proposals, most of them were for some liberalization of social security benefits.

The suggested changes fall into five different classifications. These classifications are: (1) elimination of the age 50 requirement for disability benefits; (2) liberalization of the retirement earnings test; (3) addition of health care benefits; (4) use of a higher wage base in computing benefits; and (5) increasing benefit amount.

It seems almost a certainty that there will be some liberalization of social security benefits in the current session of Congress. This liberalization will probably include one of the first three proposals. The last two probably will not have much chance of enactment.

Any Investment Is a Compromise

The ideal investment would be one that would enable the investor to have complete safety of principal or savings with a good income and prospects for capital appreciation. Unfortunately, these three ingredients are seldom found in any one type of investment media. Consequently, any investment is a compromise. That is, the investor must

sacrifice safety for capital appreciation, or income for capital appreciation, or vice versa. For example, United States government bonds virtually insure that the investor will have his principal returned to him, but there is no prospect of capital appreciation. On the other hand, some obscure Canadian copper company might offer tremendous opportunities for capital appreciation, but the investor would not have any income from his investment nor would he have safety of principal. Therefore, it is absolutely essential that the investor decide what his investment objective is, because he is going to have to make compromises in the selection of his investment.

Why Are Local Taxes Higher?

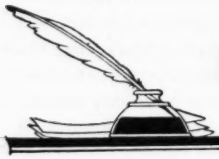
In almost every area, there is a demand on the part of the population for more and better services in terms of schools, roads, and parks. It never seems to occur to people who are demanding these services that each service that is added increases the cost of government. To pay for these services, state and local government tax loads in many areas have increased significantly in recent years. In some states, the local tax load has increased as much as 35 per cent in the last five years.

Therefore, when someone proposes a new service in your area, think of it in terms of its cost. If in your opinion, the benefits equal the increased cost, support it; if not, oppose the new service. The only way that you are going to be able to reduce your tax burden is not to oppose the taxes themselves, but to oppose the services that increase the taxes. It does not do any good to complain about taxes on one hand, and vote or support increased services on the other. After the service is instituted, the governmental unit has no choice but to tax you to pay for it.

Fire Insurance Losses and Fraud

A study of 3,698 cases involving questionable fire losses, reveal that in 578 cases there was an apparent motivation to defraud the fire insurance companies. It is to everyone's advantage to expose such attempts to defraud insurance companies, because unjustified claims result in higher fire insurance premiums for everyone.

Washington University
St. Louis 5, Missouri



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

ZONING LAWS AND DENTAL PRACTICE

Is a dental office considered to be a commercial building? May a dentist conduct a practice in his home without violating zoning laws? These are questions that rise when a dentist is planning to establish a practice or move to a new location.

A legal case is reported in *The Journal of the American Medical Association*[1] of a physician who wished to have a combined home and office. Some of his neighbors objected. They took the case to court to restrain him from building, with the argument that a professional office in a residential neighborhood was a violation of the local zoning code.

"The zoning ordinance, referring to single family residence areas permitted certain accessory uses of property therein so long as the residential character of the property was not infringed. Among other things the ordinance provided: 'The office of an architect, attorney, clergyman, dentist, engineer, physician, surgeon, or other professional person may be located in a residence or an apartment used by such person as his private residence.' "

The appeals court denied the request for an injunction to restrain the physician from erecting the combined home and office building, and also ruled that the practice of medicine was not to be classed as a trade or business. Presumably other professions would be classified under the same ruling.

Although this court ruling may be a precedent to be cited should a dentist find himself in conflict with a local zoning ordinance, he would be unwise to accept this decision as a final answer. Any dentist who plans to erect a combined home and office should consult his attorney

[1]Zoning Restrictions: Right of Physician to Maintain Office in Private Residence, Medicolegal Abstracts, JAMA **170**:362 (May 16) 1959.

in advance of executing his plans. Not all cities and not all state courts might be in agreement with the Ohio decision as cited here.

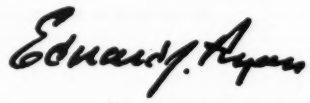
In this time of rising overhead expenses (office rent is one of the large items) and of increased real estate taxes, many dentists might consider the economies of a combined home and dental office.

Discussions on the desirability of combining the home and office have appeared in this publication. There is no unanimity of opinion. Among the advantages cited are economy and convenience. Among the disadvantages are availability to the public for services at all hours, and too close proximity to family relationships and affairs.

Dentists who have fought traffic and have lost considerable time in travel from home to office and back again report that their tensions were reduced when they could step from their living quarters into their business surroundings that were both under the same roof. The economies mentioned were significant.

Other dentists reported that their privacy was invaded at unseemly hours by people seeking treatment for emergency problems and otherwise. The less gregarious family man objected to being required to conduct his business in an atmosphere of too much "togetherness."

Before a dentist makes the important decision to build a combined home and office he has more to consider than the legal issues involved in zoning ordinances. He should audit his own temperament to try to determine if he prefers complete separation of family and business life, or if he likes some blending of the two. He will also do well to ask his wife for her opinion. Some women want no part in the affairs of their husband's dental practice—which is often just as well for all concerned, including the business. Other women like to be part of the business team and often function admirably in the role. There are, then, *two* temperaments to be assessed and considered before the dentist goes too far with his plans for a combined home and office building.

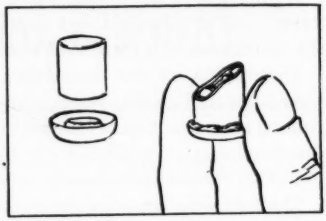


TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

Grommet-Reinforced Tube Prevents Distortion of Impression

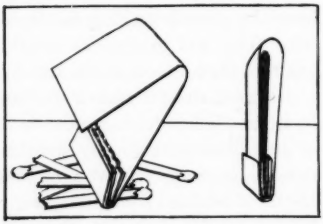
By JOSEPH J. SAKMAR



A grommet (cup washer) soldered to a copper tube with resin-core solder, reinforces the tube, locks the impression material, and provides a rigid base to grasp when removing tube from tooth.

To Carry Wet X-Ray Film Without Danger of Damaging Emulsion

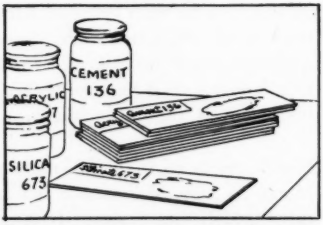
By JAY R. PETRIE, DDS



Tear matches from an ordinary match-packet. Slip wet X-ray film between the two cardboard stubs. Close cover. Film is held firmly without danger of damaging emulsion. Packet may be wrapped and carried in pocket.

To Match Color In Cements, Acrylics, Silicates, and Other Materials

By CHARLES M. HYDER, DDS



Note the number of *each batch* of mix. Prepare a sample, press it firmly to a dry, clean piece of microscope-slide glass. Label each sample with the number of the batch. Use samples (viewed through the clear glass) for matching.

Drawings by Dorothy Sterling

Q ASK Oral Hygiene A

Please send all correspondence for this department to: The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Denture Causes Numbness

Q.—A 70-year-old man came to my office with the complaint that his full upper denture caused numbness of his nose and upper lip.

Relief over the anterior palatine canal and shortening of the anterior periphery produced no change. Despite my statement that I could not tell what caused his symptoms and could not promise that improvement would result, the patient wished to have a new denture made. This I did in 1952, using a metal palate and taking great care to have no pressure over the anterior nerve area.

The same numbness appears after the denture has been worn for a half hour. Further anterior relief has been made in this denture to no avail.

Inquiry among my dental friends has produced no new ideas. Do you have a solution to our problem?—H.E.D., Massachusetts

A.—A consultation with dental colleagues who spend most of their time in the field of denture construction casts no new light on the phenomenon of numbness that your 70-year-old patient experiences on the upper lip and nose. From your letter, it seems to me that you have spent much time and effort to attempt to alleviate the problem.

Since the numbness exists only when the denture is worn, obviously it must be caused by the pressure and tensions as a result of wearing the denture. It would seem to me that there would be no harm in having the patient wear the denture, but remove it before retiring. It may be that in time this problem might eventually resolve itself.

Allergic to Anesthesia

Q.—I have an 11-year-old girl patient, who is cooperative and physically and mentally normal. She has an erythema on the back of her head at times, especially in the summer. She is allergic to almost every kind of food.

In attempting restoration of her teeth, I used a mandibular block anesthesia. Five hours later the left side of her face, where I made the injection, started to itch and burn. The following morning a red pimply rash appeared on the back of her neck, under the arm, inside the arm to the elbow, and between the fingers—all on the left side. This condition persisted for about a week, and left some permanent brown blotches.

This is the first case with this type of reaction that I have experienced in 32 years of practice. Have you any suggestions?—G.E.H., Pennsylvania

A.—The symptoms of your 11-

(*Continued on page* 64)

year-old patient sound like a genuine case of allergy to the anesthetic. However, from a differential diagnosis point of view, I would also consider neurodermatosis and the psychogenic influences, which help to bring on these symptoms. I would suggest that you refer this patient to a competent allergist.

Overdeveloped Film

Q.—Is there any way to lighten films that were left in the developer too long?—E.R.A., Massachusetts

A.—Eastman has on the market a packaged reducer which is called Kodak's Farmer's Reducer. It is available in a convenient two-part packet sufficient to prepare sixteen ounces each of the two stock solutions necessary for reducing overdeveloped films.

This reducer is recommended for all general reduction of overexposed or overdeveloped negatives. It can be easily controlled by visual examination, for all operations can be carried out under normal room lighting.

Prior to insertion of the overdeveloped negative in the reducer, immerse it in a hardener for three minutes and then wash thoroughly. After the negative is lightened satisfactorily, immerse in an acid fixing bath for a few minutes and wash thoroughly in water before drying.

Metal Allergy

Q.—I have what may be a new problem for you. Some months ago I constructed a chrome-cobalt partial denture replacing a single tooth, the lower right first molar. The fit appears good, and there have been no pressure areas in the tissues. After a short period of wearing the denture, the cheek, tongue, and ridge area, become extremely sensitive, even to the point of swelling, in the areas proximal to the restoration.

The patient's physician believes this condition is caused by an allergy. The patient reacts strangely to so-called nonallergic drugs. She is also unable to wear gold jewelry for any length of time without a reaction—a gold watch will actually cause her arm to ache. Consequently, I am reluctant to attempt the construction of a gold bridge. Have you any suggestion?—H.H.V., California

A.—I cannot account for the symptoms that your patient has developed in relation to the chrome-cobalt partial denture. As you probably know, this alloy is highly compatible with tissues and is used in orthopedic surgery. It is possible that this patient has some form of allergy to metals similar to an allergy which may be produced by different kinds of wearing apparel, such as fur, or woolens.

Calculus Deposits

Q.—I have a patient who has large deposits of white calculus on the lingual of the lower front teeth a short time after a meticulous prophylaxis. Four weeks after a successful gingivectomy an excess of calculus again appeared. I should appreciate some suggestions to prevent this condition.—R.K.E., Massachusetts

A.—Without a more complete history of your patient, it is most difficult to determine the best

(*Continued on page* 66)

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In your search for the best dental laboratory, appearances are more than superficial. A modern, well equipped laboratory will produce the best work because its technicians will take pride in their organization and its production. You do business with this laboratory because you know it will reproduce your impressions more accurately and esthetically than will a "low-overhead" operation.

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method of solving the problem of excessive deposits of calculus. Assuming that there is no problem of pathology in this case, I believe that the following suggestions will be of some help to you:

1. Instruct the patient in the proper manner of toothbrushing and insist that this procedure be followed meticulously after eating.

2. Instruct the patient about the importance of using dental floss whenever the teeth are brushed.

3. Have the patient use a suitable dentifrice. A commercial product known as Extar is satisfactory.

4. Be sure that after each brushing the patient rinses the mouth thoroughly at least three times.

5. If the patient has too high a carbohydrate diet, it would be well to reduce this intake and substitute fruit, leafy vegetables, and meat.

Inform the patient that failure to follow these instructions will result in disease of the tissues around the teeth.

Adjusting to Dentures

Q.—I need your advice on the two following problems.

1. I have a man patient for whom I constructed a full upper denture and a lower partial denture. He wears the lower partial without any difficulty, but he cannot become adjusted to the upper denture because he gags when he tries to wear it. The

(*Continued on page* 68)

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upper denture is made of acrylic, is thin posteriorly, and has excellent suction. I have tried every method I know of to make him wear this upper denture, but he still claims he gags when he wears it. The patient is 60 years of age, and has never worn any type of prosthetic appliance in his mouth. Is there anything I can do to help this patient?

2. I use a good deal of acrylic in restoring teeth and constructing temporary acrylic jackets. How can I secure a high luster polish on restorations and jackets?—B.B., Massachusetts.

A.—From your letter, I assume that you were able to construct well-fitting dentures for your patient. It is obvious that he is not willing to give you complete cooperation in your effort to help him. I should advise the following steps:

1. Check the upper denture carefully to rule out any possibility of factors which might initiate gagging, such as overextension, or excess thickness.

2. Explain to the patient the absolute necessity of his cooperation with you in order to obtain complete success. You can tell him that it may take a number of months in his case where the tissues are sensitive.

3. In order to alleviate the anxiety factor in the early stages of this period, I would prescribe a tranquilizer. Meprobamate appears more likely to promote patient acceptance of a prosthetic appliance by reducing anxiety and tension to a tolerable level. I would recommend two 400 mg tablets a day (morning and evening). As a rule, medication can be discon-

(*Continued on page* 70)

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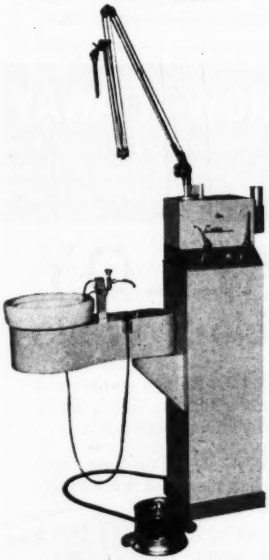

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tinued in ten days to two weeks.

In regard to your second question, to obtain a high luster with an acrylic restoration, I would suggest that you shape the restoration with stones, rubber wheels, and sandpaper discs. Follow this with the use of either a commercial polish agent, or by using whiting (a compound containing chalk) or tin.

Comments on Answers

Q.—I have several comments concerning your answers in the April 1960 issue. First, I should like proof of your statement that a single application of stannous fluoride 10 per cent solution significantly reduces dental caries in adults.

Second, calcium hydroxide is sometimes mixed with an anesthetic solution when there is an exposed vital pulp in order to keep the paste as sterile as possible. Many feel that even distilled water is not sufficiently sterile to assure maximum possibilities for successful treatment.

Third, a calcium hydroxide base is best applied as a thin layer. This layer will show up as a caries-like area on x-ray, and I take issue with your statement that it has the form and outline of a base. Except in rare cases, unless a dentist actually knows that there has been a base of calcium hydroxide placed, it is difficult to be *sure* of differentiating a calcium hydroxide base from caries.

I would appreciate your comments.
—*Jeremy Shulman, DDS, No.* 1

(*Continued on page* 74)

Most successful dentists serve a limited number of patients whom they try to see at regular intervals.

Such dentists recognize that the patient who returns to the office is demonstrating high regard for their professional knowledge and skill. The patient appreciates chair-side instructions on proper home care. And he responds to this evidence of his dentist's interest by becoming more interested himself in all aspects of oral health.

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A.—It is always rewarding to receive comments from readers of this department.

Doctor Joseph C. Muhler of the department of biochemistry, Indiana University Medical Center, Indianapolis, Indiana, has written a paper on "Topical Treatment of the Teeth with Stannous Fluoride, Single Application Technique." It is in this article that Doctor Muhler states, "A single application of a 10 per cent solution of stannous fluoride significantly reduces dental caries experience in adults."

Since answering the question on the use of an anesthetic incorporated in calcium hydroxide for a deep base, I have learned that some dentists prefer this method and find it useful. The matter of maintaining asepsis of the vehicle used in making a calcium hydroxide paste is a difficult one to comment on, inasmuch as there are many variables that enter into the picture and each dentist develops a method suitable for himself.

The question of discerning a calcium hydroxide base can be difficult when used in a thin layer. When used thick enough, it should present a slightly more radiopaque appearance. Here again, the judgment of the operator in reading the x-ray and obtaining sufficient information about teeth where such bases have been applied close to the pulp must be taken into account.

Questions That Dentists Ask Frequently

Allergy and Denture Acrylic: The

possibility of an allergic reaction to the acrylic material of a denture arises in most dental offices at some time or other. When the problem of a bona fide allergy, or what appears to be an allergy develops, it is often difficult to know what steps to pursue. This indecision frequently results in making a new denture of a different type of material. A better understanding of the behavior of the acrylics, as well as some of the causes which initiate mucosal changes, might be of some help in the management of the problem.

Most of the synthetic resins used in dentistry are the acrylic group. The term "acrylic" is a general one, applied to a resinous material of acrylic acid or any of its derivatives. The correct use of the term "acrylic" is in the form of an adjective used to describe a type of resin, tooth, or denture. Methyl methacrylate is the most common acrylic resin used in dentistry. Methyl methacrylate is a methyl ester of methacrylic acid. An ester is the product resulting from the reaction between an alcohol and an acid. Thus, methyl methacrylate is the result of reaction between methyl alcohol and methacrylic acid. The acrylic resins are generally considered to be thermoplastic in character; that is, they may be resoftened by reheating, but they are subject to polymerization during the heating and molding process.

Polymerization is the process of a chemical change in a substance, which produces a new compound

whose molecular weight is a multiple of that of the original substance. To polymerize a substance, therefore, is to cause molecules of the same kind to unite into a new large molecule having the chemical elements present in the same proportion, but resulting in a compound of a higher molecular weight than the original substance and with different physical properties from it. This is a polymer.

A monomer is the simplest structure unit of the polymer. Polymerization of an acrylic resin is thought to be by the addition process rather than the condensation process.

Allergy is a response of the tissue to some substance that produces no symptoms or reactions in a normal individual under the same condition. This is a state in which a group of cells or organs of the living organism react in a specific manner when brought in contact with a substance foreign to the organ or cells and synonymous with modified sensitivity. Allergic reactions in the oral cavity manifest themselves as allergic stomatitis, gingivitis, congestion, vesiculation, blebs, cracking, and excoriation. Other conditions that can result are angular cheilosis, angular stomatitis, and perleche, which may be caused by closed bites or vitamin deficiency, or by allergy to

(*Continued on page* 78)

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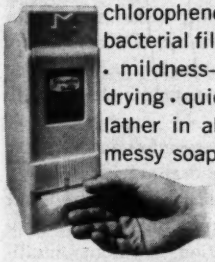

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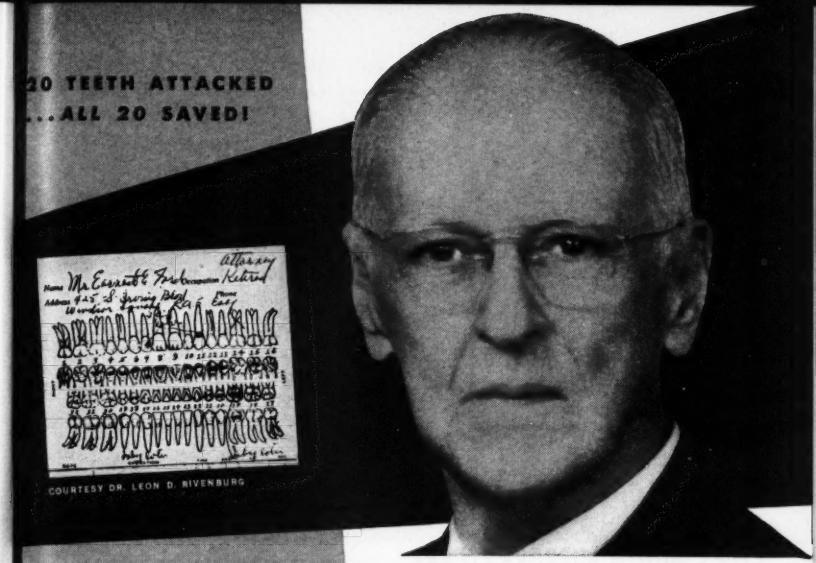
acrylics. A burning sensation in the mouth caused by pernicious anemia can be mistaken for an acrylic allergy. It is not uncommon for diabetic patients to have sore spots under dentures due to unhealthy mucosal tissue.

Some of the major causes of inflammatory changes under dentures are: traumatic injury, heat accumulation, putrefaction, chemical toxic injury, allergic reaction to the mucosa, effect of the autonomic nervous system, and depression of vital resistance due to systemic diseases.

Frequently a denture not completely cured has caused inflammatory changes in the mucosa which have been mistakenly attributed to an allergic condition. As long as the basic material remains in an incompleted combined state, the skin irritant properties of the chemical are still present. When a marketed plastic causes dermatitis, it is usually because the resin has not yet reached a completely cured or finished state, and some of the irritant components are still present.

Before determining that any lesion of the oral mucosa is an allergic reaction, the most important lesions to rule out are: electrogalvanic action, erythema multiforme, leukoplakia, thrush, lichen planus, secondary syphilis, pemphigus, herpes simplex, and blood dyscrasias. Allergic reactions in the oral cavity occur only when the tissue is sensitized regardless of whether it is a contact allergy or whether the allergy reacts on the

(*Continued on page* 80)



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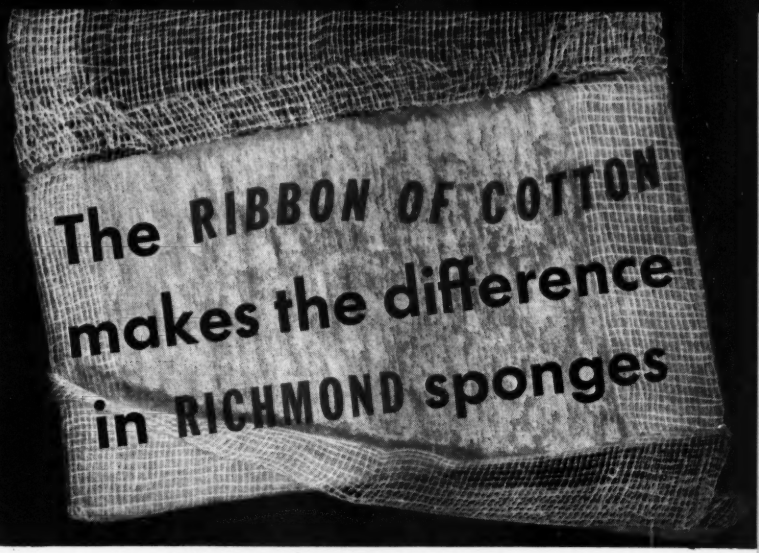
skin indirectly. Most common types of oral mucosa allergy are due to certain foods, such as chocolate, tomatoes, oranges, eggs, potatoes, and milk.

In an analysis of the evaluation of the mucosal reactions to dentures, it is well to consider the possibility of psychosomatic behavior of the person which may influence and affect oral changes. Psychosomatic disorders generally involve all major functional systems of the body—digestive, circulatory, respiratory, glandular and reproductive. Thus, any somatic function that can be disturbed by strong emotion can become the basis for psychosomatic disorders. According to Sidney I. Silverman[1], the most common disorders which affect prosthodontic treatment are: (1) circulatory disturbances, (2) respiratory disorders, (3) gastrointestinal disorders. Silverman states that "changes in the function of the circulatory system are among the most constant of the physiologic aspects of emotion." In this way, the circulation of the mucous membrane can suffer nutritive deficiency when the circulation is altered by emotional depression. Poor circulation provides poor resistance to abrasion with a consequent ulceration of the mucous membrane under the denture.

There are many nervous habits such as: pencilbiting, nailbiting, lipbiting, cheekbiting, tongue

[1]Silverman, S. I.: Psychologic Consideration in Denture Prosthesis, J. Pros. Dent (July) 1958.

(*Continued on page* 82)



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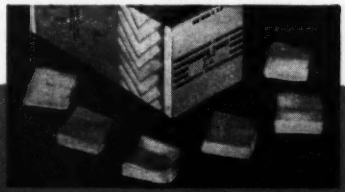

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thrusting, tooth tapping, tooth clenching, and grinding. The establishment of any of these habits can conceivably cause changes in the mucosa underlying the denture and be mistaken for an allergic condition.

Food habits play an important part in the possibility of changes of the mucosa under the denture. Poor diet, highly spiced foods, and foods difficult for a denture wearer to masticate properly, can also create changes in the mucous membrane beneath the denture and again be mistaken for an allergic reaction.

Because of the recent emphasis on allergies, and the great increase in the use of acrylic material in dentistry, it is easy to understand why many cases of mucosal reaction under dentures and elsewhere in the oral cavity, are erroneously diagnosed as an allergy. Abundant evidence indicates that artificial dentures made of an acrylic material that is properly cured rarely cause allergic reactions. A thorough knowledge of the physical and emotional health of the patient should go hand in hand with the proper technique in constructing a suitable well-cured denture.

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Dentists in the NEWS

Dentist-Pilot Has Own Airport

Doctor J. E. Owen at the age of 64 is an old-time barnstorming aviator and holder of the All-American dead-stick landing title. At one time he patched up old planes in the back room of his office. Now he practices dentistry in the corner of his own hangar, Owen Airport in Asheville, North Carolina. He believes that his airport is probably the oldest private flying field in the country. It is called Carrier Field since the days it was used for horse racing.

In 1927, Doctor Owens toured the country with the New Standard Flying Service and the Gates-Day Flying Circus. It was with the flying circus that he hauled passengers for $1 a ride. He has never suffered a serious injury in an airplane accident, although he has made more than 25 forced landings.—*Elizabeth City (North Carolina) Advance.*

Solves Problem for Industrial Plant

When the engineers at the E. I. Dupont de Nemours, Circleville, Ohio, plant discovered a pit forming on the surface of an expensive chrome steel cylinder used to coat mylar plastic film, they called in Doctor Richard Samuel, who is proficient in drilling small apertures in extremely hard surfaces. He showed the engineers how to deepen the pit, fill the cavity and smooth the surface, and next applied his dental techniques and diamond-tipped drill to the aperture. The cavity was then filled with silver alloy.

Engineers said that had the pit gone unchecked, a flaw would have appeared on the mylar coating. It is this mylar plastic film which is used to form the 100-foot diameter balloon being used at Cape Canaveral, Florida, in the launching of "Project Echo."—*Wilmington (Ohio) News-Journal.*

Leaves Professional Baseball For Dentistry

Doctor Milton W. Boyer, of Kokomo, Indiana, is a member of the fabulous Missouri Boyers, and had a three-year try at professional baseball before turning his talents to dentistry. He began his professional baseball career at the age of 17. "I quit playing ball just when I should have been starting," he said, "but I made up my mind getting an education was the most important thing."

While Doctor Boyer was working toward a dental degree, the baseball careers of three of his brothers were steadily advancing. Ken is with the St. Louis Cardinals, Cletus is a shortstop for the New York Yankees, and Cloyd is a member of the Indianapolis Indians' mound staff.—*Indianapolis (Indiana) Star.*

Combines Art and Dentistry

A glamorous French woman has turned her father's ultimatum into a most enthusiastic career as a dentist. Doctor Yvonne Marcel "earned a little money" for dental school by modeling several months for Dior and Patou, top Paris fashion houses, while she was a student at Nancy University. She started out as a fine arts student; but her father insisted that

she "take a serious profession." So she decided to combine her interest in art with medicine by becoming a specialist in esthetic dentistry.

Doctor Marcel is deeply interested in her work, and says it is "rewarding to give a nice smile to a girl who is pretty—until she smiles." She recently spent a month visiting and studying in this country.—*New York World-Telegram.*

President of Jaycees

At the 21st annual convention of the Virginia Junior Chamber of Commerce, Doctor John T. Kelly was elected president. Doctor Kelly defeated his opponent by a three-to-one margin.—*Richmond (Virginia) Times Dispatch.*

Dentistry and Horse Racing Keep 89-Year-Old Busy

At the age of 89, Doctor Alfred Hatfield is still practicing dentistry in Wichita, Kansas. He remembers when Wichita was a bustling trading center for cattle drivers and sod busters, and was already becoming known as the horse capital of America.

Doctor Hatfield was breaking broncos at 14, and racing two years later. Even at 89, a search for an afternoon's relaxation may find him on the Laurel Downs track north of Wichita pacing off a fast mile in a sulky powered by his own notable Nell Chrispin, who has been in the money at Sportsman Park and Maywood in Chicago, and is the daughter of Leon June, fastest pacer of his day. Doctor Hatfield's horses have won fame and wealth for their proud owner in many parts of the country. Two of his horses, Doc Robbie and Queen Command, turned in winning times on the circuit this spring.—*Wichita (Kansas) Beacon.*

Student-Fathers Receive Dental Degrees

When James L. Rogers received his dental degree in May from the University of Alabama School of Dentistry, it was not without considerable

(*Continued on page* 86)

brow-wiping after four years of labor acutely understood by student-fathers. Most understanding of all, however, was his wife Joyce, who is completing her third year in medical school. The Rogers have two children, Jamie age 2½, and Kelly, 15 months.

Two years after he was married and comfortably settled in a Chicago suburb, Jack Battistoni decided to quit his well paying position as sales-manager for a large Chicago firm, even though he was in his thirties. He returned to school to earn a degree in dentistry. This June he graduated from Loyola University's dental school. The Battistoni's have two children, Richard 3, and Lisa, 3 months. Doctor and Mrs. Battistoni admit it is not easy to make a whole new beginning, but it is worth all their efforts.—*Chicago (Illinois) Tribune.*

Bank and Loan Association Director

Doctor James T. Casey has been elected a director of the Milwaukee Federal Savings and Loan Association. He is also a director of the Wisconsin State Bank.—*Milwaukee (Wisconsin) Sentinel.*

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Mildred Cook, RFD No. 1, Osborn Road, Wilmington, Ohio

Mrs. A. Zehrung, 216 Strathmoor. Mishawaka, Indiana

Mrs. W. B. Kingston, 5408 Smith Avenue, Richmond 28, Virginia

Joyce S. Everest, 1510 Hawkins Avenue, Baldwin, New York

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Howard Coley, 1060 Oak Street, SW, Atlanta, Georgia

M. M. Walz, 2826 West Chambers Street, Milwaukee 10, Wisconsin

Mrs. William E. Lewis, 504 Logan, Newton, Kansas

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ANSWERS TO QUIZ 192

(See page 43 for questions)

1. True, (Burket, L. W.: Oral Medicine, Diagnosis and Treatment, ed 2, Philadelphia, 1952, J. B. Lippincott Company, pages 205-206)

2. None (Stefanini, M.; and Daneshek, W.: Hemorrhagic Disorders, New York, Grune & Stratton, 1955, page 52)

3. No. (Strickland, W. D.; and Sturevant, C. M.: Porosity in the Full Cast Crown, JADA **58**:77 April 1959)

4. (c). (Archer, W. H.: A Manual of Oral Surgery, ed 2, Philadelphia, W. B. Saunders Company, 1956, page 488)

5. Teeth which were not previously functioning are now bearing some of the masticatory forces. (Shore, N. A.: Occlusal Equilibration and Temporomandibular Joint Dysfunction, Philadelphia, J. B. Lippincott Company, 1959, page 181)

(*Continued on page* 88)

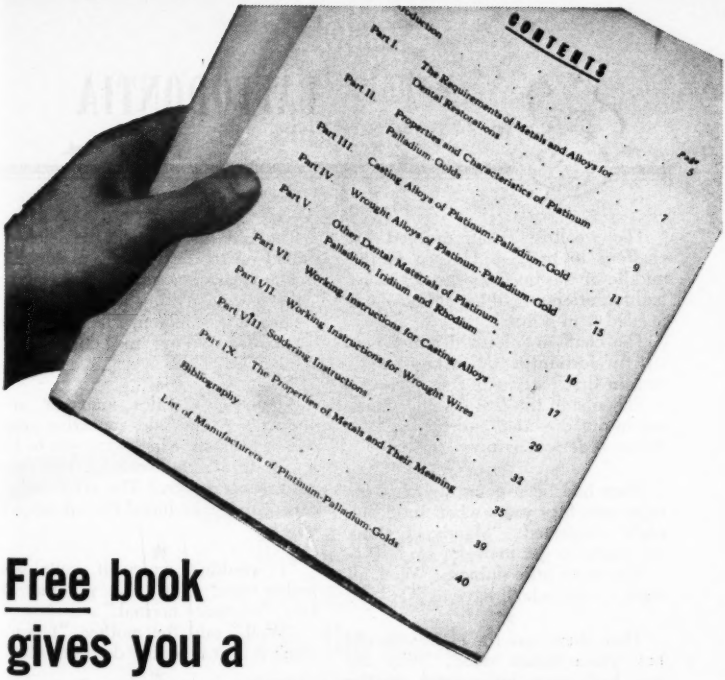
6. (a), due to asymmetric toothbrushing. (Schei, Olav; Waerhaug, Jans; Lovdil, Arne; and Arno, Arnulf: Alveolar Bone Loss as Related to Oral Hygiene and Age, J. Periodont. **30**:7 January 1959)

7. True. (Landa, J. S.: Practical Full Denture Prosthesis, ed 2, Brooklyn, Dental Items of Interest Publishing Company, 1954, Page 171)

8. No. (Fraser, M. W.: Recovery of Broken Needles, Brit. D. J. **105**:80 August 5, 1958)

9. (b). Millard, H. D.: Oral Diagnosis Procedure, J. Mich. State D. A. **41**:316 November 1959)

10. By neutralizing the phosphoric acid before it reaches the pulp. (Zander, H. A.: Pulp Response to Restorative Materials, JADA **59**:912 November 1959)



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LAFFODONTIA

The wealthy Texan ordered his chaffeur to make a U turn in the middle of the business district as he had forgotten something at home and needed it in a hurry.

The chaffeur informed him it was strictly forbidden to make such a turn in that particular area.

"Then stop the first Cadillac coming in our direction and buy it," the Texan ordered sharply.

★

They had been going together for nigh onto fifty years when Judd one night suggested: "Mandy, I think we ought to get married."

She was a little dubious. "Well, all right . . . but who'll have us?"

★

Then there was the eight-year-old boy whose father asked, "Why did you kick your little sister in the stomach?"

"Couldn't help it," the boy replied. she turned around too quick."

★

A man shouldn't keep telling the girl he loves that he is unworthy of her. He should let it come as a surprise.

★

The customer was buying a fountain pen for his son's graduation present.

"It's to be a surprise, I suppose," observed the clerk.

"I'll say it is," the father replied, "He's expecting a convertible."

★

A class reunion is a gathering where you come to the conclusion that most of the people your own age are a lot older than you are.

The old bounder, his wheelchair pulled up to the window of his 5th Avenue mansion, smacked his lips as a lovely young thing wandered by.

"Quickly, Algeron," he called to his butler. "Bring my dentures. I want to whistle!"

★

A mid-west sales manager announced a new sales-incentive contest to his staff. First prize was to be a trip to Hawaii with all expenses paid. Second prize? The same thing, except that it included the salesman's wife.

★

"I wouldn't worry if your son makes mud pies," the psychiatrist said, "it's quite normal."

"Well," said the mother, "I don't think it is and neither does his wife."

★

Jane: "I didn't accept Henry the first time he proposed."

Joan: "No, dear, you weren't there."

★

"What's the next case?" asked the judge.

"The prisoner was arrested for ogling women, Your Honor."

"Oh! I see. A sort of stare-case?" remarked the judge, whereat the court was adjourned for a few days.

★

The newlyweds were honeymooning in Florida. As they strolled along the beach, he looked out toward the sea and exclaimed: "Roll on, thou deep and dark blue ocean, roll."

The bride gazed at the breakers and then in hushed and reverent tones, she said: "Oh, George, you wonderful man. It's doing it!"

WHAT'S NEW

IN PRODUCT DESIGN—FUNCTION—ASSORTMENT

The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Merri-Jon Tissue Dispenser—made entirely of stainless steel, the unit accommodates a box of cellulose wipes. Equipped with an adhesive backing which will adhere firmly to any clean, flat surface. Will not deface surface of unit in any way. Buffalo Dental Mfg. Co., 2911 Atlantic Ave., Brooklyn, N.Y.

Pulpdent Kit—includes a tube of Pulpdent Paste, a package of Pulpdent Liquid, a package of 24 curved, or 36 straight applicator tubes, 2 red sable brushes and 1 stainless steel wire loop. Is a complete assortment for pulp capping, cavity lining, etc. Rower Dental Mfg. Co., Boston 16, Mass.

Muco-Sol—a pre-impression rinse to remove all mucus and ropy saliva from mouth. Pleasant-tasting, non-analgesic liquid cleans mouth to insure accurate impression. Also ideal for use before oral prophylaxis or x-ray exposure. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

Contact Points—made in Balanced Line Solder, or any other solder fineness, designed to be a better solder shape to use in adding a contact to any inlay or crown. Are .090" dia. x .020" thick, saucer shaped. The J. M. Ney Co., Hartford, Conn.

Airotor Mast Stabilizer—an attachment for Ritter "H" units with built-in Airotors. Secures mast in operating position instantly and eliminates wobbling and constant back pull of Airotor tubing. Dentists & Surgeons Supply Co., 33 Pearl St., Springfield, Mass.

Resuscitation Kit—model No. 810 is a reasonably priced complete mouth-to-mouth resuscitation kit. Includes 2 resuscitation tubes which cover the full range of sizes from infant to adult; in addition it includes two masts in large and small sizes. Hudox Corp., 2801 Hyperion Ave., Los Angeles 27, Calif.

Tru-Kit—a convenient acrylic kit for making temporary bridges, partials or jacket crowns. Contains liquid, 6 New Hue shades to cover all requirements, plus mixing jar and dropper. Harry J. Bosworth Co., 531 S. Plymouth Ct., Chicago 5, Ill.

Style "B" Pulp Canal Files and Reamers—now available with colored knobs which quickly identify the size. Carefully tempered to produce a fine balance of flexibility and toughness. Flexible enough to follow the most irregular canal and tough enough to resist breakage. Code is listed at bottom of each package. Kerr Mfg. Co., Detroit 8, Mich.

Brunet—a new shade of Duraflow which satisfies the demand for a denture resin for dark-complexioned patients. Darker and more purplish, the new shade approximates the basic color of gum tissue of dark-complexioned people of all races. Product Research Laboratories, Cambridge 39, Mass.

Ceramigold Investment — especially made for the casting of high-fusing gold alloys. Offers accurate fitting castings with smooth and clean surfaces, without grinding. Uniform results. Expansion can be controlled to fit individual needs. Whip-Mix Corp., Louisville 8, Ky.

Micra-Gel Premium Offer—a pair of stainless steel casting ring tongs free with purchase of six cans of Micra-Gel Impression Material. Especially designed for dental use. One side of tongs is curved to hold every ring size firmly and safely. Other side is flat for rearranging, place or remove inlay rings regardless of size. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

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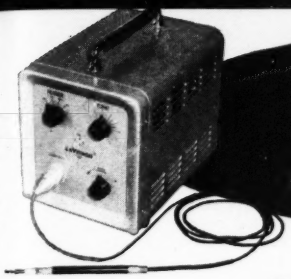

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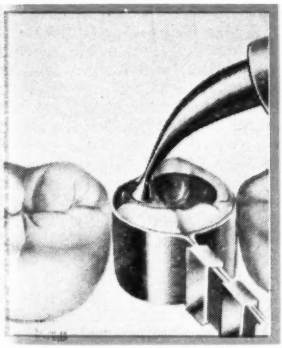

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Ticonium Restoration Bags—a small bag for finished Ticonium restorations to dentists; a large bag for dentists for wet impressions to go to the laboratory. Ticonium, 413 N. Pearl St., Albany 1, N. Y.

Xylocaine Ointment 5% Flavored—topical anesthetic ointment for use in oral cavity prior to injection, during deep scaling procedures, and for breaking in new dentures. Pleasantly palatable peppermint flavor. Handy 3.5 gram tube facilitates dispensing by dentist. Astra Pharmaceutical Products, Inc., Worcester 6, Mass.

Hi-Heat Soldering Investment—ideal for any soldering job that requires the use of an oxygen-gas torch, or where an unusually fine and smooth soldering investment is wanted. Excellent for use with high-fusing solder in the porcelain-to-gold technique, and for soldering precision attachments. Whip-Mix Corp., Louisville 8, Ky.

Hemodent Gingival Retraction Cord—specially treated, providing rapid gingival retraction with control of bleeding and seepage. Bacteriostatic, and provides topical anesthesia to allay possible tissue discomfort. Premier Dental Products Co., Philadelphia 7, Pa.

Liquid Hemodent — stops annoying gingival bleeding fast. Contains no epinephrine, has indefinite shelf-life, and is bacteriostatic. Provides topical anesthesia. Premier Dental Products Co., Philadelphia 7, Pa.

Premier Forcep Special—case contains 1 each of upper root gripper, lower root gripper, Nos. 16, 18L, 18R, 53L, 53R, 88L, 88R, 99C, 150, and 151. Premier Dental Products Co., Philadelphia 7, Pa.

Kerr Bite Registration Paste—formulated for the Jones Bite Frames. Easy to mix, has build-up or pile-up qualities, sets quickly, has good carving qualities. Kerr Mfg. Co., Detroit 8, Mich.

Amalgam Carrier—has full length nylon plunger for complete flexibility and ease of operation. Guaranteed no to kink. Mercury or amalgam will no stick to ruby hard barrel or plunge Surgident, Ltd., 3871 Grand View Blvd Los Angeles 66, Calif.

Klean-Mix Capsules—have ruby har surface that prevents leakage. Will no contaminate amalgam mix, are easy t clean, and will not stick. Amalgam re tains proper ratio as mercury canno leak out. Surgident Ltd., 3871 Gran View Ave., Los Angeles 66, Calif.

Perforated Iden Impression Trays—the ⅛" perforations add the correc amount of grip for the impression ma terial, and yet permit proper seating force and easy cleaning. Fabricated o brushed aluminum and can be shaped by hand to fit individual patient' mouth. Dental Corp. of America, P. O Box 4380, Washington 12, D. C.

Polishing Lathe—cool operation; even after hours of continuous operation, lathe may be touched with bare hand. Weighs 38 lb. and has non-sliding type rubber feet. Shaft is of high grade steel, especially hardened so that it will not wear, even if chucks are changed frequently. Ball bearings have closed seal. Baldor Electric Co., 4353 Duncan Ave., St. Louis 10, Mo.

S. S. White Equipment—now available in heather finish. Motor Chairs M-1 in heather will be provided with new off-white leather upholstery unless otherwise specified. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Ultra-Cleen 320—completely new, entirely self-contained ultrasonic cleaner. Designed to clean at high speeds, with minimum of attention. Stream-lined and simplified. L & R Mfg. Co., 577 Elm St., Kearny, N. J.

F. G. Carbide Burs—with scientific balance and shape. Stainless steel shaft corrects "whipping" and gives a steady operation while operated at ultra high speeds. Breakage reduced by reinforced shafts. Smaller sizes Nos. 56 and 69 available. Chas. W. Rode Associates, Box 246, Los Angeles 32, Calif.